



## COLLEGE OF PHARMACIST OF MANITOBA

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7

Phone #: 204-233-1411 | Fax #: 204-237-3468

E-Mail Address: [info@cphm.ca](mailto:info@cphm.ca) | Website: [www.cphm.ca](http://www.cphm.ca)

## CHANGE OF PHARMACY/BUSINESS NAME

### ***Requirements and Process***

1. Fill out the **Name Consent Form for Pharmacy/Business Name Change**
2. If the proposed pharmacy name meets the requirements of [The Pharmaceutical Act](#), the Registrar or their designate will authorize the consent form. The signed consent form will be returned to the pharmacy wherein they must submit it along with other required documents to Manitoba Companies Office. Additionally, an inspection from our Field Operations team will be conducted during this process to ensure that changes were completed on the pharmacy's displays (signages, labels, etc.).
3. After the new business name has been registered with MB Companies Office, the pharmacy must provide the following documents to the College:
  - a. Fill out the **Changes to Existing Pharmacy** form
  - b. Manitoba Companies Office (MCO) supporting documents that the new business name has been registered and that the pharmacy licence holder is still in good standing under *The Corporation Act*. Please refer to [Section 64\(2\)\(b\)\(ii\) of The Pharmaceutical Act](#).
    - i. Certificate of amendment for the pharmacy/business name
    - ii. File Summary for the pharmacy/business name
    - iii. File Summary for the pharmacy licence holder (sole proprietor, partnership, corporation)

### **SUBMISSION OF DOCUMENTS:**

Please accomplish # 1 and send to [registration@cphm.ca](mailto:registration@cphm.ca). A staff will review and advise you if any correction is needed. Once deemed complete, your request will be submitted for review and further processing.

### **REMINDER:**

As soon as the pharmacy displays have been altered to reflect the new pharmacy name (signages, labels, etc.), the pharmacy manager must immediately inform the College through [fieldops@cphm.ca](mailto:fieldops@cphm.ca) or [registration@cphm.ca](mailto:registration@cphm.ca) to schedule an appointment for inspection.



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### NAME CONSENT FORM FOR PHARMACY/BUSINESS NAME CHANGE

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TO: College of Pharmacist of Manitoba  
ATTN: Kevin Hamilton, Registrar

Pursuant to [Section 4\(2\) of The Pharmaceutical Act](#), we at \_\_\_\_\_,  
(Pharmacy Licence Holder Name)

pharmacy licence holder for \_\_\_\_\_,  
(Pharmacy/Business Name)

College's consent to amend the business name to \_\_\_\_\_. Once the  
(Proposed New Pharmacy/Business Name)

new name has been registered with Manitoba Companies Office and the "College", we hereby affirm that we will  
no longer use the previous name and will remove it from use in the pharmacy.

\_\_\_\_\_  
Pharmacy Manager (Signature Over Printed Name)

\_\_\_\_\_  
Pharmacy Owner (Signature Over Printed Name)



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### APPLICATION FOR CHANGES TO AN EXISTING COMMUNITY PHARMACY

Prior to filling out this form, the pharmacy manager must ensure that pharmacy operating hours, pharmacy email, phone number, fax number and staff information remain the same otherwise, the updates must be done through the registrant login as indicated in [Pharmacy Status & Updates site](#). This form will only be used to notify the College of any changes to an existing pharmacy as stated in [Part 7 of The Pharmaceutical Act](#) and [Section 47 of the Pharmaceutical Regulations](#).

Please select the appropriate type of change for your request:

Type of Change/Update	Please provide details:
<input type="checkbox"/> New Pharmacy Manager (Include Licence #)	<hr/>
<input type="checkbox"/> New Pharmacy Name	<hr/>
<input type="checkbox"/> New Pharmacy Location	<hr/>
<input type="checkbox"/> Pharmacy Renovation	<hr/>
<input type="checkbox"/> New Pharmacy Licence Holder (Entity/Company Name)	<hr/>
<input type="checkbox"/> New Pharmacy Owner's Name & Email Address	<hr/>
<input type="checkbox"/> Change in Officers/Directors or 50% or more of Shareholders	<hr/>

**REMINDER:**

Each change must be submitted along with the appropriate supporting document(s). For a complete list of requirements for each change or if your intended change is not listed above, please contact [registration@cphm.ca](mailto:registration@cphm.ca).

Pharmacy Licence Number

Pharmacy Name

Effective Date of Change:

New Pharmacy Email Address (if applicable):

Fill out this section only if you have selected any of the last three type of change on page 1:

If your pharmacy currently holds a licence with any component(s), do you wish to continue to provide the said service(s) after the College grants its approval for the ownership change?

- ☐ Yes, we wish to keep the said component(s) and willing to undergo the College's process to keep it. ☐ No, we do not wish to continue providing the said component(s).

## FEES & PAYMENT

When your request has been reviewed and approved, you will receive an email from the College which how to settle the fee(s) online. Please visit our website for a full list of our [scheduled fees](#). Payment Options:

- ✓ **Visa or MasterCard**  
This is our preferred payment option and can only be done online through the manager's registrant profile.
- ✓ **Cheque**  
Print a copy of the invoice issued to you and mail to the College along with the cheque. Please take note that cheques must be made payable to the **College of Pharmacists of Manitoba**

**Please Note: All Fees are NON-REFUNDABLE**

We hereby declare that:

All pharmacy information remains the same and have been updated through the pharmacy profile as noted via [Pharmacy Status and Information Updates](#).

This pharmacy will be conducted in accordance with the provisions of [The Pharmaceutical Act](#), [The Pharmaceutical Regulations](#), other legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the [Food and Drugs Act](#) and [Controlled Drugs and Substances Act of Canada](#).

This pharmacy will act in compliance of the [Medication Incidents and Near Miss Events Practice Direction](#) and the [Safety IQ Quality Assurance Program](#) that took effect on June 1, 2021.

We grant permission for the College of Pharmacists of Manitoba to access drug wholesale records for this pharmacy.

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance requirement under a policy through the insurance company \_\_\_\_\_.

We acknowledge and agree that if we submit this document electronically and insert our name below, it is equivalent to our original ink signature.

Pharmacy Manager's Full Name & Licence #	
Pharmacy Manager's Signature	
Pharmacy Owner/Signing Officer's Full Name	
Pharmacy Owner/Signing Officer's Signature	